

EMERGENCY MEDICAL ASSISTANCE

Overview

Emergency Medical Assistance (EMA) is a federally mandated program which provides medical coverage to individuals who meet all requirements for a Medicaid Class of Assistance (COA) except for citizenship and social security number requirements, and who have received an emergency medical service.

Program Description

EMA covers persons who are ineligible for Medicaid due to not being United States citizens or other reasons. This population also includes immigrants who are aged, blind, disabled, pregnant women, children, or parents of dependent children of immigrants.

These persons may apply to get assistance in paying bills that were incurred due to a medical emergency. EMA is not an ongoing coverage plan. Applicants must apply for this service as each medical emergency is incurred. In addition, EMA may not pay all expenses for care, nor does it pay for chronic conditions or long term care.

Definition of an Emergency

An emergency is defined as acute symptoms of sufficient severity such that the absence of immediate medical attention could result in:

- Placing the patient's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

In addition, all labor and delivery is considered an emergency by federal definition. Care and services can not be related to an organ transplant procedure or routine prenatal or postpartum care.

Member Eligibility

A Medicaid worker will review an application to determine if the client is eligible for a Medicaid COA. If a person is eligible for COA but not a citizen, he is eligible to receive EMA. All eligibility criteria such as income, resources and child care expense are reviewed to establish eligibility. If the applicant is potentially eligible, then the Medicaid worker will request form DMA-526 (Physicians Statement). The DMA-526 form would indicate the day or days for which the person would be approved for treatment.

